TDDD 6703				NODEL CAROLINA		DAGE.	1	
IPDR6702	05/04/2008		TDDG	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
ION DAILE	03/01/2000			CKWRITE DATE: 05/06/2008				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					-			
3404901	SMOKY MOUNTAINM	21	7478	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		8599	2245	DETAIL NOT COVERED BY COMBINAT		9 13442	31956	18514
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		167	893	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404904		8536	997	ATTENDING PROVIDER TYPE AND SP				
	WESTERN HIGHLAN DS LME			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8326	138	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON		0 1305	6092	4787
				THIS CLAIM OR THE NPI SUBMITTE				
		8534	56	SERVICE FACILITY LOCATION IS N	1			
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED	+			1
		+		INOTIDER, OR THE NET SUBMITTED	+			
3404910	PATHWAYS	8800	455	FURTHER PROCESSING NECESSARY,	+			
				PLEASE CHECK FOR CLAIM ON				
		-		FUTURE RA'S.	1	1		
		11	124	CLIENT NOT ELIGIBLE ON SERVICE		1 712	8643	7931
				DATE		7.22	0013	7551
		21	38	DUPLICATE OF CLAIM-SYSTEM				
		21	30	DOFBICATE OF CHAIM-SISTEM				
3404912	CATAWBA COUNTYM	11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			DATE				
		8534	51	SERVICE FACILITY LOCATION IS N		0 176	4185	4009
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
				PROVIDER, OR THE NET SUBMITTED				
		8599	15	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8800	5635	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	410	DETAIL NOT COVERED BY COMBINAT				
		0333	110	ION OF RECIPIENT, PROVIDER AND		0 7496	18018	10522
				BENEFIT PACKAGE.				
		0226	204	AMERICAN AND PROGRAMME AND				
		8326	384	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	+			
				THIS CLAIM OR THE NPI SUBMITTE	+			
3404916	CROSSROADS BEHA	8800	162	FURTHER PROCESSING NECESSARY,	1			
	VIORAL HEAL			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	+			
		+			+	1		
		79	131	THIS SERVICE IS NOT PAYABLE TO		0 469	7757	7288
				YOUR SUBMITTED BILLING				
		-		PROVIDER TYPE AND SPECIALTY IN	1	1		
		1	40	DETAIL NOT COVERED BY COMBINAT	+			
		8599	42		_	1		
		8599	42	ION OF RECIPIENT, PROVIDER AND				. —
		8599	42	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTEDDOTN'Y UIM		642	BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8599 8532						
3404917	CENTERPOINT HUM AN SERVICES			BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS				
3404917		8532	642	BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS NOT ELICIBLE FOR DATE OF SERVICE BILLED				
3404917				BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED CLAIM DENIED DUE TO INSUFFICIE		0 1389	2998	1609
3404917		8532	642	BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS NOT ELICIBLE FOR DATE OF SERVICE BILLED		0 1389	2998	1609
3404917		8532	642	BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED CLAIM DENIED DUE TO INSUFFICIE		0 1389	2998	1609
3404917		8532	642	BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE		0 1389	2998	1609
3404917		8532 8505	642	BENEFIT PACKAGE. SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		0 1389	2998	1609

PROVIDER	1	HIGH DENIAL	NUMBER OF		myo	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS .	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	TROVIDIR ADDID				DIMERLIA	DENTIFIED	I IIIIII	TALD
3404919	GUILFORD CO MEN	8800	564	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	TAL HEALTHC			FUTURE RA'S.				
		8518	99	"CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT	C	948	6424	5476
				IN EFFECT FOR THIS FISCAL YEAR				
		0576	96	ATTENDING DEGITINED TYPE AND CD				
		8536	96	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404920		8599	119	DETAIL NOT COVERED BY COMBINAT				
3101320	ALAMANCE CASWEL L AREA MH D	0333	-17	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	64	THIS SERVICE IS NOT PAYABLE TO	0	357	3284	2927
				YOUR SUBMITTED BILLING		331	3201	2,22,
				PROVIDER TYPE AND SPECIALTY IN				
		11	58	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404921	ORANGE PERSON C	8505	2443	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		8599	520	DETAIL NOT COVERED BY COMBINAT	0	3545	10890	7345
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	156	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404922	THE DURHAM CENT	8800	27	FURTHER PROCESSING NECESSARY,				
	ER			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
		21	13	DUPLICATE OF CLAIM-SYSTEM	C	48	339	291
		8534	6	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
				PROVIDER, OR THE NET SUBMITTED				
3404923	FIVE COUNTY MH	21	371	DUPLICATE OF CLAIM-SYSTEM				
		8800	340	FURTHER PROCESSING NECESSARY,	4	1068	4994	3926
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	156	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925	SANDHILLS CENTE	8800	1004	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
-		21	434	DUPLICATE OF CLAIM-SYSTEM	2	2215	12574	10359
		0.0	1.62					
		23	163	SERVICE REQUIRES PRIOR APPROVA L				
2404025		eene	100	CLAIM DENIED DUE TO INSUFFICIE				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	125	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		9500	97	DETAIL NOT COVERED BY COMBINAT				
		8599	<i>31</i>	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	8	563	4392	3829
				BENEFIT PACKAGE.				
·		8536	85	ATTENDING PROVIDER TYPE AND SP				
		-330		ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404927	CEMPERTY AND CO	8599	159	DETAIL NOT COVERED BY COMBINAT				
2104221	CUMBERLAND CO M HC	0.33	4.7	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	47	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL		307	5237	4930
		8664	30	SERVICE DENIED, LIMITATION HAS				
				BEEN EXCEEDED FOR THE FISCAL				
				YEAR.				

PROVIDER		HIGH DINIT-	ATTAINED OF				TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8505	30	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MNTL HLTHC			N1 BUDGE1				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	53	76	23
2404022		5000	1.40					
3404931	WAKE CO HUM SVC BILLING OF	5308	143	PRIOR AUTHORIZED UNITS EXCEEDE				
	DIEDING OF							
		21	71	DAILY TOWNS OF STATE SYSTEM				
		21	/1	DUPLICATE OF CLAIM-SYSTEM	2	322	2358	2036
		11	33	CLIENT NOT ELIGIBLE ON SERVICE				
		11	33	DATE				
3404933	SOUTHEASTERN CT	8505	4407	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8536	3564	ATTENDING PROVIDER TYPE AND SP		2525	0555	0.51
				ECIALTY COMBINATION IS NOT	0	8605	9565	960
				VALID FOR SUBMITTED BILLING PR				
		8800	457	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934	ONSLOW CARTERET	8505	1564	CLAIM DENIED DUE TO INSUFFICIE				
	BEHAV HEAL			NT BUDGET				
		8599	211	DETAIL NOT COVERED BY COMBINAT	0	2284	4170	1886
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	121	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	(
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER ER							
		0	0		0	0	0	(
							-	
3404937		8326	670	ATTENDING PROVIDER NUMBER WAS				
3101337	THE BEACON CENT	0320	0.0	NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8508	31	CLAIM DENIED NO BUDGET FOUND		752	1713	961
					0	752	1/13	301
		8800	21	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404939	EAST CAROLINA B	21	1016	DUPLICATE OF CLAIM-SYSTEM				
	EHAVIORAL H							
		8800	665	FURTHER PROCESSING NECESSARY,	3	2020	6903	4883
				PLEASE CHECK FOR CLAIM ON		2020	5,03	100.
				FUTURE RA'S.				
		8326	86	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	(
3404942	PACT CAROLINA P	0	0	*** NO DATA TO REPORT ***				
	EAST CAROLINA B	1	+			+		
	EHAVIORAL H	1						
	EHAVIORAL H							
	EHAVIORAL H	0	0			0	0	,

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	TROVIDIR INDID				DIMINIO	DIMIPIUS	LIMBIBB	INID
3404943	ALBEMARLE MENTA	8599	162	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
	D IMPAIN CD			BENEFIT PACKAGE.				
		3411	106	PROVIDER TYPE AND SPECIALTY 07	25	475	6956	6481
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8564	38	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMA	8534	146	SERVICE FACILITY LOCATION IS N				
	N SERVICES			OT A VALID IPRS ATTENDING				
	N SERVICES			PROVIDER, OR THE NPI SUBMITTED				
		8599	46	DETAIL NOT COVERED BY COMBINAT		199	4165	3966
				ION OF RECIPIENT, PROVIDER AND		199	1103	3900
				BENEFIT PACKAGE.				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
			-	YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946		8505	159	CLAIM DENIED DUE TO INSUFFICIE				
	FOOTHILLS AREAM ENTAL HEALT			NT BUDGET				
	ENTAL HEALT							
		21	142	DUPLICATE OF CLAIM-SYSTEM				
		2.2		DOLLICATE OF CERTIF DIDIES	63	779	4104	3325
		8537	113	PROCEDURE IS NOT PAYABLE FOR Y				
		0337	113	OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALIT IN ACCORDANCE TO MEN				
3404949		8326	1458	ATTENDING PROVIDER NUMBER WAS				
3101313	PIEDMONT BEHAVI	0320	1430					
	ORAL HEALTH			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THIS CLAIM OR THE NPT SUBMITTE				
		0522	270	OPPATION TO ATT TIME A COMMITTAL CONTRA	1			-
		8533	278	SERVICE FACILITY LOCATION CANN	C	2094	2986	892
	1		1	OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	1			-
				IDENTIFIED AS AN INDIVIDUAL.				
		2500	110					
		8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				